

GWYB DBF
CHEROKEE NATION®



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59th Cherokee National Holiday
 Slow-Pitch Softball Tournament
 Official Roster

Men's Team _____

Women's Team _____

TEAM NAME _____ COACH NAME _____

PLAYER NAME <i>(Please Print)</i>	PLAYER SIGNATURE	PLEASE MARK WHICH ITEM(S) ARE AVAILABLE		
		CDIB	PHOTO I.D.	OTHER <i>(Please List Item)</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12. NON-INDIAN				
13. NON-INDIAN				
14. NON-INDIAN				
15. NON-INDIAN				

NOTICE: I hereby certify this roster to be complete and official, and my signature as coach attests that I am well aware no additions or changes can be made after this form is signed by myself and given to the Holiday Softball Committee Staff for finalization. Also, my signature attests that I agree to release the Cherokee Nation (CN), CN employees and agents, and the Holiday Softball Committee Staff from liability and responsibility for any and all (includes bodily injury and property damage) claims arising out of my participation in the Cherokee National Holiday Slow-Pitch Softball Tournament.

 COACH SIGNATURE

 DATE

 COMMITTEE SIGNATURE